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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Iraq

The Executive Director recommends that the Executive Board approve the country programme of Iraq for the period 1993-1994 in the amount of $4 million from general resources, subject to the availability of funds, and $13 million in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1992, will be contained in the "Summary of 1993 recommendations for general resources and supplementary funding programmes" (E/ICEF/1993/P/L.2 and Add.1).

THE SITUATION OF CHILDREN AND WOMEN

1. Iraq, historically known as Mesopotamia, the "land between two rivers" (the Tigris and the Euphrates), covers an area of 435,052 square kilometres, three quarters of which is desert. The Islamic Republic of Iran and Turkey border Iraq to the north, Kuwait and Saudi Arabia to the south and Jordan and the Syrian Arab Republic to the west. The country is divided into 18 governorates, 91 districts and 134 subdistricts.

2. The total population was estimated at 18.7 million in 1991, growing at a rate of 3.3 per cent per annum. During the 1980-1991 period, the urban population grew at an annual rate of 4.2 per cent. At present, 73 per cent of the total population is urban. The total number of children 0-4 years of age is about 3.2 million and there is an equal number of women of child-bearing age. Between 1981 and 1987, a period of relative stability and development, the infant mortality rate (IMR) declined from 65 to 42 per 1,000 live births, and the under-five mortality rate (U5MR) decreased from 83 to 52 per 1,000 live births.

3. Iraq's important natural resources are oil, agricultural land and water. The rapid economic growth prior to the Gulf war was sustained through oil revenues, which provided more than 60 per cent of the country's gross domestic product. The total area classified as agricultural land covers 168,000 square kilometres. Prior to the Gulf conflict, Iraq was producing 30 per cent of its food requirements. Increased food availability, improved purchasing power and better health and nutrition facilities resulted in a marked reduction in malnutrition in the country.

4. Over the past decade, breast-feeding practices showed notable improvements. In 1990, 76 per cent of infants were breast-fed exclusively during their first three months of life. Breast-feeding decreased for older children (45 per cent at six months of age and only 19 per cent for a full 12 months). The high level of breast-feeding during early infancy was attributed to the generous maternity leave and time allowed on the job for mothers to breast-feed their babies.

5. In July 1990, the diarrhoea-related U5MR was reported to be 1.1 per 1,000, down from 8.5 per 1,000 in 1985. This was attributed to early rehydration and sufficient liquid intake. Acute respiratory infections (ARI) accounted for 47 per cent of infant outpatient visits and 29 per cent of hospital admissions for children under five years of age.

6. Prior to the Gulf war, 100 per cent of the urban and 54 per cent of the rural population had access to safe water supply. While there were ambitious plans to build a modern sewage network, sanitation remained inadequate.

7. The primary education network extended to remote areas and school enrolment in 1988 was 91 per cent for boys and 82 per cent for girls. As a result of extensive adult education campaigns during the 1978-1987 period, the adult literacy rate reached 87 per cent for females and 90 per cent for males.

8. Iraq's recent history has been dominated by prolonged conflict. Notable improvements achieved in social indicators during the 1980s hide the negative

consequences of the eight-year war, particularly in the seven governorates bordering the Islamic Republic of Iran. The primary health care (PHC) network was severely damaged; the education infrastructure was destroyed; and migration of the population to safer areas led to reduced school retention rates.

9. The Gulf conflict followed a prolonged war and reversed many of the accomplishments of the 1970s and 1980s. The condition of children and women deteriorated further in the late 1980s. IMR and U5MR suffered a threefold increase to 111 and 143 per 1,000, respectively, in 1991. During the same period, the percentage of babies born with low birth weight (under 2.5 kilograms) increased from 5 to 12 per cent. Diarrhoea-related diseases became the number one killer of Iraqi children. A sudden increase in the number of cases of ARI was also noted. Independent assessments confirm an alarming and increasing incidence of severe and moderate malnutrition among children under five years of age. Clinical forms of severe malnutrition, both marasmus and kwashiorkor, were reported to have increased dramatically. There was also a decline in the school enrolment rate and an increase in the drop-out rate for girls. Children's problems arising from war-related psychological trauma also increased. A study conducted in October 1991 showed that an overwhelming majority of children under five years of age had suffered directly from war-related trauma. Around 87 per cent of children still remembered the war and four out of five expressed fear of being without a family member through death or separation. Many continued to experience trauma and stress even one year after the war was over. A sense of uncertainty, fear and depression continued to disturb an overwhelming majority of children. Essential supplies for the disabled became scarce. The crisis further increased the number of households headed by women and imposed greater pressure on girls to share the workload at home. In the north and south of the country, where difficult conditions prevail, thousands of children live in temporary shelters under extremely harsh conditions. Some children have resorted to income-generating activities to help support their families and, in the worst cases, they are seen indulging in such unhealthy adult habits as smoking and carrying guns.

10. Several factors contributed to this state of affairs. The damage to existing services was the first. Social services for children and women suffered a serious setback, both in terms of quality and quantity. In the health field, many hospitals and health centres were damaged. Shortages of supplies and equipment, the lack of medicine and shortages of personnel, transportation and communication were continuously reported. Grave damage was inflicted on water supply and sanitation systems and treatment plants. Many schools were destroyed, which led to reduced activities and even closure of schools.

11. The economic embargo imposed since August 1990 is another contributing factor. Its enormous impact, especially on the conditions of children and women, is likely to be more pronounced as it continues in the foreseeable future. The sanctions - mainly the freezing of Iraqi assets and the ban on Iraqi oil exports and on imports of spare parts, capital, consumer goods other than food and limited medical items - have had the effect of putting the social services infrastructure and the economy into a state of stagnation. The crop harvest has been reduced owing to the lack of insecticides, spare parts for irrigation and harvesting and processing equipment. Prices of essential foods have increased 20-fold in two years. Items for daily use have become more and

more unaffordable, if available at all. Insufficient electricity and fuel, the breakdown of water and sewerage networks and lower real family incomes and nutritional standards have made the negative impact on the health of women and children substantial and multifaceted.

12. Conditions in the north, centre and south of the country vary considerably and are influenced by domestic, regional and international political factors. In addition, IMR and the maternal mortality rate (MMR), problems caused by demographic dislocation, and the lack of access to clean water, medical supplies, fresh food and transport and communications facilities differ from region to region. For instance, restrictions on supplies to the governorates of Erbil, Suleimanyia and Dohuk created additional stress on the already alarming condition of children and women. These conditions make an area-based approach to restoration of basic services compelling.

13. In spite of the difficulties, the Government has expressed an interest in drafting a national programme of action (NPA) to achieve the goals for children in the 1990s. This political commitment reaffirms the Iraqi tradition of giving high priority to maternal and child needs. A multisectoral coordination committee called the National Childhood Welfare Committee has been established. This committee is responsible for overseeing the drafting of the NPA as well as all development programmes for children, and it plays a major role in mobilizing policy makers and planners to address the needs of children.

14. In its social development and mobilization work, the Government of Iraq is assisted by such strong and popular non-governmental organizations (NGOs) as the General Federation of Iraqi Women, the Family Planning Association of Iraq, the Iraqi Red Crescent, the Farmer's and Labour Unions, and People's Councils, all of which have nationwide community-based activities.

PROGRAMME COOPERATION, 1990-1992

15. In 1989, the Government of Iraq and UNICEF jointly developed a plan of operations for the 1990-1995 period which focused on four selected programme areas, based on priority problems identified in the situation analysis: health; early childhood development; social mobilization and advocacy; and planning and statistics.

16. The 1990-1995 programme had aimed to rectify the disparities that existed between areas, with continued focus on PHC and child survival programmes. However, the programme was barely launched when the Gulf crisis erupted in August 1990 and a state of emergency was declared. The programme was put in abeyance after international staff were evacuated to Amman in August 1990. However, the international staff returned, despite difficult circumstances, during the World Health Organization (WHO)/UNICEF mission led by the UNICEF Regional Director for the Middle East and North Africa region. UNICEF then reprogrammed its funds in February 1991 to respond to emergency needs. Simultaneously, the annual planning ceiling was raised from $500,000 to $1 million and later to $2 million. This resulted in utilization by 1992 of the budget originally approved for the 1990-1995 programme cycle.

17. In addition, UNICEF mobilized considerable financial resources from the donor community for implementation of the emergency programme. In 1991, Iraq was provided $35 million, the largest amount of supplementary funds allocated to any country during that year. The emergency operation carried out in 1991 focused on basic health, water supply, sanitation and nutrition. Later in 1992, education and psycho-social support programmes were added. UNICEF staff and material resources were increased to implement the greatly expanded programme activities.

18. The framework of the emergency programme was defined in the WHO/UNICEF mission report of February 1991. The major activities under the initial emergency programme included the provision of supplies and cold-chain equipment for the expanded programme on immunization (EPI), water purification systems, supplementary food for at-risk infants, nutrition promotion campaigns to safeguard newborns, training courses in oral rehydration therapy (ORT) and technical and logistical support for the entire emergency effort. After April 1991, United Nations inter-agency humanitarian programmes for Iraq were launched. UNICEF continued its focus on health, water supply, sanitation, nutrition and education. UNICEF also sponsored several international consultancies and missions during 1991 to determine the effects of the crisis and the subsequent internal strife on the situation of Iraqi children and women. The results of these missions, especially that of the Harvard International Study Team, provided a database for the formulation of short- and medium-term interventions.

Health

19. When the Gulf crisis erupted, the first assistance extended to the health sector was a consignment of vaccines and midwifery kits brought into the country in December 1990. With the sanctions imposed on Iraq and the virtual collapse of EPI, vaccines and cold-chain equipment began to be supplied on a regular basis and many EPI activities were resumed. Training courses were organized following WHO guidelines. A cold-chain consultant was engaged to advise on maintenance of cold-chain equipment and on strengthening delivery systems for accelerating EPI coverage. An intensive immunization campaign was also launched in the last quarter of 1991. UNICEF provided 20 million doses of vaccines. By the end of the year, an average of 75 per cent of children 0 to 1 year of age were immunized with anti-tuberculosis vaccine, combined diphtheria/pertussis/tetanus vaccine and vaccines to combat poliomyelitis and measles.

20. As a result of the rapid increase in the number of ARI cases, UNICEF supported a three-tier training strategy for its control. Training focused on management of coughs and colds in households so that families could learn to recognize pneumonia, use antibiotics correctly and use such equipment as timers and nebulizers.

21. A pilot project on childhood disability was also implemented. The components of the programme were early detection of disability, training and capacity-building of national planners and professionals and use of community-based rehabilitation techniques.

Nutrition

22. Galloping inflation and the continuing embargo on the importation of food led to a reduction in food availability and resulted in reduced calorie intake. Breast-feeding had declined over the last two decades and the embargo limited the supply of powdered milk for infants and children, thus seriously affecting the nutritional status of this very vulnerable group. A sample study conducted in 1991 indicated a high prevalence of growth retardation and wasting among infants and children. Therefore, a project for therapeutic feeding and nutrition rehabilitation was designed, under which such high-energy food items as skimmed milk, oats, sugar and oil were imported and distributed to 300,000 women and malnourished children.

23. The "baby-friendly" hospital initiative was introduced in four hospitals to encourage breast-feeding. A national nutrition survey is under discussion with the Ministry of Health to determine the nature and magnitude of nutritional problems and to form the basis of the future programme.

Water supply and sanitation

24. The Gulf crisis resulted in the destruction of the central water treatment stations, as well as smaller units, and there was extensive damage to the water distribution network. The seepage of sewage and dirty water into the pipes greatly contaminated the network. UNICEF responded to the emergency by providing aluminum sulphate and chlorine for treating water to prevent the spread of water-borne diseases. About 50 tons of chlorine were provided per week and 3,661 collars were provided for the repair of pipes.

25. Extensive technical support was given to local engineers to rehabilitate the water supply system. In the north, temporary water tanks were erected in settlements for returning refugees and minor pipelines were laid. Assistance was given to Office of the United Nations High Commissioner for Refugees (UNHCR) to implement small water supply projects. Water treatment stations were repaired with spare parts and equipment provided by UNICEF.

26. Sewage disposal remains a source of serious problems throughout the country, particularly in the southern governorates. Piles of raw sewage in the streets and in people's homes are a common sight in most low-income areas. Although UNICEF emergency efforts focused heavily on rehabilitating the water supply and sanitation system, much remains to be done.

Children in especially difficult circumstances

27. The emotional and psychological stress on children who have lived through two recent crises are plainly evident in those parts of the country that suffered the greatest war-related damage. Based on the findings of UNICEF-supported consultancies during 1991 and 1992, a project entitled "psycho-social support for children" was formulated to address the needs of children who were psychologically traumatized. The project is in its infancy and will proceed through stages of training of 50 master trainers, 450 school teachers and 1,800 child caregivers and social workers to identify psychologically traumatized children, deal with their behavioural problems and refer severe cases to a treatment centre.

Early childhood development

28. Even though this project was designed to be implemented first in Baghdad and later in Basrah and Mosul, circumstances have not permitted its extension. This is primarily a training project in which support is given for the training of master trainers, kindergarten teachers and child-care givers in early childhood development (ECD).

Social mobilization/advocacy

29. A social mobilization component was built into health, ECD and planning/research programmes. The Iraqi version of Facts for Life was produced under the supervision of a multisectoral committee. UNICEF supported the organization of a workshop for health educators to mobilize them to use innovative approaches to reach parents and other family members with health information that could be applied easily in their daily lives.

30. Due to the emergency nature of the programme and the high profile of the country office, information material continued to be produced for internal use as well as for mobilizing the support of the donor community. The production of such materials has made UNICEF a source of information on the health status of Iraqi women and children, which in turn has enabled UNICEF to play a catalytic role among international donors and humanitarian aid agencies.

Planning, research and social statistics

31. UNICEF is cooperating most closely in this sector with the Central Statistics Organization in the Ministry of Planning, with whom long-term planning activities have been undertaken. The most important development was the initiation of work to formulate an NPA. A baseline survey on education was conducted to determine the issues and concerns that needed to be addressed in the 1992 emergency education programme, as well as the regular education programme to be initiated in 1993.

32. Considering the growing debate on IMR estimates, UNICEF supported a study to analyse the various figures. The objective is to arrive at an official IMR figure and to train local experts in monitoring indicators related to health conditions of vulnerable groups.

Inter-agency humanitarian operations

33. As UNHCR began to scale down its operation in the north in March and April of 1992, UNICEF accepted to take over those components of the operation within its purview.

34. After the memorandum of understanding between the United Nations and the Government of Iraq expired in June 1992, United Nations assistance efforts slowed down considerably. This resulted in substantial cuts in staff and field operations due to non-issuance of visas, shortage of fuel and lack of permission to travel within the country. Those staff members who were able to continue working were sometimes hampered or intimidated.

35. Field activities of United Nations agencies and international NGOs were revived again after the signing of a new memorandum of understanding on 22 October 1992. UNICEF played a leading role in reaching agreement on the memorandum and the plan of action signed between the United Nations and the Government of Iraq for the period October 1992-March 1993. The plan, estimated at $256 million, includes components for UNICEF implementation estimated at $86 million. These consist of the provision of kerosene for cooking and heating, in addition to the normal areas of interest to UNICEF. The plan covers the entire country, with a particular focus on the northern areas which have experienced internal supply restrictions and are faced with severe winter weather.

Lessons drawn from past experience

36. UNICEF operations in Iraq were faced with a unique challenge to implement rehabilitation and development programmes for children and women in the post-war period. A multifaceted, mass scale programme was planned and implemented in a short period of time. The major onus for implementing the emergency programme fell on UNICEF staff, the number of whom had increased from 2 to 190 at the height of the crisis. The support of consultants and short-term staff was later secured to replace some of the emergency staff. In this context, the main lessons drawn from experience gained in the years before the emergency and during the emergency are the following:

(a) The first response to an emergency situation should not only focus on the provision of essential supplies; it must also be accompanied by the field posting of experienced and competent staff;

(b) Intersectoral coordination should be strengthened to maximize the impact of limited resources and to achieve quick results. In line with the PHC strategy, linkages should also be established between health projects;

(c) Partnerships with NGOs (both national and international) are vital, especially in efforts to reach the most needy groups. Training for local NGOs should be built into the agreements with international NGOs in order to develop local capacities and to ensure programme continuity after the departure of the international groups;

(d) Contacts at the grass-roots level - a UNICEF hallmark - should be maintained, improved and expanded;

(e) Programme performance and progress should be well documented in order to smooth the way for follow-up action. This is particularly important during the emergency phase, when priorities can change quickly, making it vital to have an efficient record of the tasks already achieved and those outstanding;

(f) Monitoring and control measures, especially during a period of emergency, are required to ensure that UNICEF assistance reaches the target groups.

RECOMMENDED PROGRAMME COOPERATION, 1993-1994

Recommended general resources: $ 4,000,000
Supplementary funding: $13,000,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	1 920	6 000	7 920
Nutrition	110	750	860
Water supply, sanitation and hygiene	400	2 450	2 850
Education	700	2 375	3 075
Early childhood development	150	1 250	1 400
Advocacy and communications	500	175	675
Planning and social statistics	220	-	220
Total	4 000	13 000	17 000

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

Major features of the country programme

37. The post-crisis phase in Iraq presents a unique set of challenges, needs and constraints, including ongoing rehabilitation work amid continuous insecurity and uncertainty. The massive emergency programme initiated in 1991 began to shift to a rehabilitation programme in 1992, but the programme continued to be complex and multifaceted and still demands a considerable number of staff and material resources. Thus the 1993-1994 country programme will be a continuation of the ongoing rehabilitation programme. It aims to: contribute to the resettlement of displaced persons; continue the rehabilitation of the social services infrastructure which started after the Gulf emergency; address the continuing needs resulting from the crisis and subsequent economic sanctions; and gradually shift from rehabilitation back to more standard development assistance. The new country programme also stresses area-based planning and implementation and community participation, in addition to national components. Both area-based and national components will aim to reduce

disparities between genders, socio-economic groups and various areas. Administrative and logistical realities, coupled with continued financial constraints of the central Government, necessitate an area-based approach within all 18 governorates.

38. The major strategies for programme implementation include: addressing broad-based maternal and child health (MCH) concerns via national and integrated area-based approaches; coordination at the national level through the National Childhood Welfare Committee; prioritizing programme components; supporting training efforts; addressing women's concerns; promoting capacity-building; promoting community participation in all projects; supporting inter-agency cooperation and cross-sectoral collaboration with NGOs and universities; promoting basic life knowledge and skills at the community level; and reviewing and adjusting programmes regularly in the course of implementation.

39. The precise mix of programmes and activities among these areas will be determined on the basis of study and assessment of such indicators as IMR, MMR and rates of morbidity, literacy, school enrolment and access to basic social services. These factors will also determine the strategies and activities to be implemented to address human needs in low-income urban areas.

40. The programme is expected to go through a transitional phase, from a rehabilitation programme to a regular country programme, in the coming years. As and when the economic situation improves, UNICEF anticipates phasing out such activities as the provision of vaccines, cold-chain equipment, water/sewerage sector supplies and food for supplementary feeding in favour of more developmental activities in the spheres of training, capacity-building and advocacy in relation to nutrition, health, ECD and primary education. Meanwhile, the programme of cooperation for the 1993-1994 period covers seven major programme areas: rehabilitation and expansion of services in health, nutrition, water supply and sanitation, education and early childhood development; and programme support in advocacy/communications and planning and social statistics. These programmes are based on the major needs of children and women as identified in the situation analysis and take into account the five-year perspective and priorities in the Government development plan. Subject to further elaboration of programme targets, activities and the geographical focus on the basis of additional data and the assessment, the main objectives and projects in different programme areas are outlined below.

Health

41. The health programme will include five projects: EPI; control of diarrhoeal diseases (CDD); MCH; control of ARI; and childhood disability. The overall objective is to make progress towards achieving the goals for the 1990s by strengthening the PHC system. Therefore, the health programme will be designed with maximum linkage among the five projects, as well as linkages with the nutrition programme.

42. The EPI project aims to make significant progress towards eradicating poliomyelitis; eliminating neonatal tetanus; increasing immunization coverage of infants against the six antigens; and increasing to 90 per cent coverage of women of child-bearing age against tetanus. The training of medical doctors, nurses, health workers and vaccinators will be a major activity. Health

education, mass campaigns (especially for hard-to-reach groups) and regular monitoring will also be supported.

43. The objective of the CDD project is to reduce diarrhoea-related mortality and morbidity and achieve full ORT coverage of children under five years old affected by diarrhoea-related dehydration. A comprehensive training programme will be launched for this purpose. Supplies and equipment will be provided to reactivate the diarrhoea management teaching units and ORT corners. Preventive aspects of CDD will be addressed by promoting health education, especially pertaining to breast-feeding and the preparation of appropriate weaning foods. Local NGOs will also be engaged to establish contact with communities.

44. The MCH project foresees 90 per cent coverage of high-risk pregnancies with prenatal and post-natal care. Medical officers, paramedical staff, nurses, supervisors and traditional birth attendants will be trained to provide improved MCH services throughout the country. All available means will be tapped to support health- and pregnancy-related education for mothers of children under five years of age.

45. In order to reduce by one third ARI-associated mortality in children under five years old, the project will include the training of programme managers, supervisors and parents. Mass media campaigns will also be conducted to raise the awareness of community leaders, NGOs and health workers. To overcome the scarcity of available data from small sample studies, UNICEF will support research to identify the extent and causes of ARI in the current difficult economic situation. This, in turn, will help programme managers determine precise components and targets. Following WHO guidelines, CDD and ARI projects will be integrated to make them cost-effective.

46. The project on childhood disability will focus on early detection and community-based rehabilitation of children with marginal disabilities, estimated at 2 to 5 per cent of all children enrolled in school. The training of 50 per cent of parents, schoolteachers and health workers will be supported. The project will also focus on preventing disabilities through immunization against poliomyelitis and measles.

Nutrition

47. The nutrition programme consists of two projects: improving the nutrition of children under five years old and eliminating micronutrient deficiencies.

48. The first project aims to reduce malnutrition and promote growth monitoring. It includes the promotion of breast-feeding, growth monitoring for the 30 per cent of the neediest Iraqi children under the age of five years old, the training of various cadres of health staff and implementation of the "baby-friendly" hospital initiative. UNICEF will continue to provide supplementary feeding, but will gradually phase out the programme in 1993 to focus on nutrition education for the promotion of growth monitoring, breast-feeding and appropriate weaning foods. Surveillance of the nutritional status of children under five years old will be carried out regularly through surveys. UNICEF will collaborate with selected universities to conduct nutrition surveys on multiple aspects of the conditions of the population at risk, such as socio-economic, demographic, health, nutrition and food

consumption status. Some 5,000 health staff will also be trained in nutrition-related fields.

49. The micronutrient deficiencies project aims to reduce anaemia and iodine deficiency disorders to under 5 per cent of pregnant women and to eliminate vitamin A deficiencies. Micronutrient supplements will be provided for areas with high IMR and MMR. Various training packages will be developed for 1,500 medical and paramedical staff dealing with health services for pregnant women. Facts for Life messages will be used to impart nutrition education to pregnant and lactating mothers. Kitchen gardening will also be introduced in order for families to have access to cheap and fresh food. The nutrition programme will be offered as a complete package in the area-based approach, to be implemented in selected governorates.

Water supply, sanitation and hygiene

50. The components of this programme include the provision of safe drinking water, access to adequate sanitary excreta disposal and the empowerment of mothers with basic knowledge related to personal hygiene and environmental sanitation in order to reduce the incidence of cholera, typhoid and diarrhoea among children.

51. The new programme cycle in 1993 will begin with a review of UNICEF assistance in the water supply and sanitation sector during the emergency and rehabilitation programme. Thereafter, a gradual scaling down of support to larger-scale water supply schemes will occur in favour of smaller projects, with an emphasis on hygiene education. It is expected that by 1995, assistance directed mainly towards hardware-intensive rehabilitation of water networks will be completed. Careful planning and management will be initiated to transform the water supply and sanitation emergency/rehabilitation programme in the post-war period to a regular, ongoing programme emphasizing national capacity-building, community involvement and monitoring systems.

52. The programme will provide the entire package of water supply, sanitation and hygiene education to selected governorates under the integrated area-based approach. Hygiene education training packages will be developed for 10,000 health workers, schoolteachers, parents and children. The production of training materials will be research-based and, after trials in selected areas, will be replicated elsewhere in the country. The Ministries of Interior, Health and Education will be mobilized to cooperate closely in order to develop a common strategy for extension workers and to economize costs by sharing resources whenever possible. Local NGOs will be trained to impart hygiene education to communities.

Education

53. The formal education project seeks to address the needs of primary schoolchildren in 10 per cent of schools in selected governorates by upgrading the quality of teachers. UNICEF will support the training of 100 trainers and 2,500 teachers, especially female primary schoolteachers, and will provide basic, simple educational supplies for students and teachers.

54. The non-formal education project will be developed in accordance with the findings and recommendations of a pilot project carried out in 1992. Surveys will be conducted to identify the areas in need of non-formal education for girls. Local project authorities will be involved in order to build national capacity to conduct surveys. The project will reduce disparities between genders and income groups and increase knowledge of basic life skills among 50 per cent of school-age girls in selected governorates. Priority will be given to the training of 250 female trainers and 2,500 primary schoolteachers and to providing them with communication materials and other educational supplies. Literacy training for 2,000 mothers will be supported to increase awareness of the importance of girls' education and also to enable them to benefit from existing programmes and services.

Early childhood development

55. This programme seeks to address ECD needs arising from four converging trends: changes in the family structure; lower economic standards; the lingering psychological consequences of the two recent upheavals and internal strife; and the lack of facilities for adequate physical and mental development of young children in the 0-6 year age-group.

56. The programme strategy comprises national capacity-building to develop technical self-reliance; raising public awareness regarding trauma and stress among children; and training mothers and schoolteachers to establish home- and community-based rehabilitation activities. This will be achieved through training, provision of supplies and technical assistance, monitoring and evaluation activities and social mobilization. The programme will be composed of two projects, one for day-care centres and the other to provide psycho-social support for children.

57. The day-care centre project aims to improve development of the young child through low-cost, family- and community-based interventions and to provide pre-school education through formal and non-formal means. The objective is to train 50 master trainers, 1,000 child caregivers and 5,000 mothers in urban and rural areas in the fields of day-care and child-care programmes and early detection of child trauma; to establish two day-care centres in Mosul and Basrah; and to develop a unified programme for pre-school education.

58. The project for psycho-social support for children is designed to address the problems of war-related trauma and stress symptoms which became prevalent after the war. Project activities will be implemented by a national centre in Baghdad and two regional centres. The training of master trainers will be carried out at the national centre, while caregivers, schoolteachers and social workers will be trained in schools, nurseries and kindergartens. Mothers and young girls will be trained in the early identification of symptoms of trauma and in home-based rehabilitation measures.

Advocacy and communications

59. This project aims to expand awareness for better health and education needs of children and women in light of the 1990s goals; mobilize the greatest number of persons to contribute to and benefit from maternal and child services; and use communication channels to mobilize community leaders as watchdogs for

children's rights. The advocacy and communication programme will also provide support to other UNICEF-assisted programmes through the production of audio-visual and print materials, posters, leaflets and materials based on Facts for Life. Local writers, artists and craftsmen will be sensitized to issues and concerns of children and women, as identified in the situation analysis.

60. Under the aegis of the National Childhood Welfare Committee, periodic reviews will be held to upgrade the status of children and women and to generate support for developing appropriate projects. Special events will be celebrated to mobilize decision makers and the public to support welfare activities. As this will be a programme cutting across the plan of action, appropriate linkages will be developed with all other programmes through the creation of a multisectoral advisory group under the Ministry of Information. The other members of this group will be the Ministries of Health, Education, Interior, Planning, Labour and Social Affairs, as well as NGOs.

Planning and social statistics

61. As the indicators for the socio-economic conditions in Iraq have changed drastically since the Gulf crisis, planning and monitoring development programmes, especially pertaining for vulnerable groups, has emerged as a major challenge. UNICEF will, therefore, support a national project which aims to plan and monitor achievement of the goals for the year 2000. Working closely with the Mother and Child Unit of the Central Statistical Organization, UNICEF will support the training of statisticians and researchers in order to obtain better gender- and area-specific data that can be used to formulate the NPA and to establish better monitoring and evaluation systems.

62. Research will be undertaken on knowledge, attitudes and practices related to child rearing, women's issues and family welfare in order to sensitize and mobilize communities to support MCH issues and projects. Training activities will promote local-level planning for community participation. Special packages will be developed to train community representatives. Selected officials in high- and mid-level government positions will attend training programmes and be exposed to new approaches in integrated, area-based programming to enable them to implement the country programme more effectively.

63. Although this proposed programme for Iraq is planned in the context of a five-year government perspective, the Executive Board is requested to approve financial allocation for a period of only two years (1993-1994) in the amount of $4 million from general resources and $13 million from specific-purpose contributions. The two-year programme, it is hoped, will offer the opportunity for the transition to a regular country programme as of 1995.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Iraq	(1991 and earlier years)		UNICEF country classification	
Under-five mortality rate	143	(1991)	Very high U5MR	
Infant mortality rate	111	(1991)	High IMR	
GNP per capita	$ ..	(1991)	Lower-middle GNP	
Total population	18.7 Million	(1991)		

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1991
Births	(Thousands)	453	542	717	735
Infant deaths (under 1)	(Thousands)	41	34	28	82
Under-five deaths	(Thousands)	55	44	34	106
Under-five mortality rate (per 1,000 live births)		127	83	48	143
Infant mortality rate (under 1) (per 1,000 live births)		90	63	39	111

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1991)	Moderate & severe	..	12
	Severe	..	2
Babies with low birth weight (%, 1979/1990)		6	15
% of primary school children reaching final grade, 1988)		..	58

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1983)		.. /../ ..	76 / 45 / 19
Prevalence of wasting (%)		..	..
Prevalence of stunting (%)		..	..
Daily per capita calorie supply (% of requirements, 1988-1990)		..	128
Food production per capita index (Index 1979-1981=100, 1980/1991)		99	65
Household expenditure (% of total income)	All food/cereals		.. / ..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1991)			70
Access to health services	Total	..	93
(% of population, 1986)	Urban/rural	.. / ..	97 / 78
Access to safe water	Total	73*	92
(% of population, 1980/1988)	Urban/rural	97* / 22*	100 / 72
Access to adequate sanitation	Total	..	75
(% of population, 1985)	Urban/rural	.. / ..	100 / 11
Births attended by trained personnel (%, 1985)		..	50*
Maternal mortality rate (per 100,000 live births, 1977-1989)		..	120

Immunization		1981	1985	1990	1991
One-year-olds (%) immunized against:	Tuberculosis	76	82	96	79
	DPT	13	74	75	63
	Polio	16	74	75	64
	Measles	33	22	62	68
Pregnant women (%) immunized against:	Tetanus	4	9	67	45

TABLE 1 (continued)

Iraq

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	115 / 100	96 / 84
(%, 1980/1988)	Male	120 / 100	104 / 90
	Female	109 / 95	87 / 78
Secondary enrolment ratio (gross/net)	Total	57 / 47	47 / 39
(%, 1980/1988)	Male	75 / 62	58 / 48
	Female	38 / 31	37 / 31
Adult literacy rate, 15 years & older	Total	34	60
(%, 1970/1990)	Male/female	50 / 18	70 / 49
Radio/television sets (per 1,000 population, 1980/1990)		158 / 49	205 / 69

DEMOGRAPHIC INDICATORS		1970	1980	1990	1991	2000**
Total population	(Thousands)	9356	13007	18080	18678	24779
Population aged 0-15 years	(Thousands)	4618	6352	8417	8685	11213
Population aged 0-4 years	(Thousands)	1778	2288	3136	3223	4026
Urban population (% of total)		56	66	72	73	77
Life expectancy at birth	Total	55	62	66	66	69
(years)	Male	54	61	64	64	67
	Female	56	63	67	67	70
Total fertility rate		7.1	6.5	5.9	5.8	5.0
Crude birth rate (per 1,000 population)		48	42	40	39	36
Crude death rate (per 1,000 population)		16	9	7	7	6

		About 1980	Most recent
Contraceptive prevalence rate (%, 1974/1989)		14	18
Population annual growth rate	Total	3.4	3.3
(%, 1965-1980/1980-1991)	Urban	5.3	4.2

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%)		..	..
Inflation rate (%, 1980-1987)		..	30
Population in absolute poverty (%)	Urban/rural	.. / ..	.. / ..
Household income share (%)	Top 20%/bottom 40%	.. / ..	.. / ..
Government expenditure	Health/education	.. / ..	5*/ 3*
(% of total expenditure, 1981)	Defence	..	24*
Household expenditure (% of total income, 1979)	Health/education	2*/1*	
Official development assistance:	$US millions	8	417
(1980/1991)	As % of GNP	..	..
Debt service (% of goods and services exports)		..	..

a/ Indicates data that differ from the standard definition or refer to only part of a country.
* UNICEF field office source.
** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1990–1995 a/

COUNTRY: IRAQ
LATEST BOARD APPROVAL: 1990
GENERAL RESOURCES: $2,850,000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health	1465	242	146		623		433		2667	1630	242	1200	2909	2830
Young child development	6		11				46		63	225		400	63	625
Social mobilization and advocacy	28		79	112	33		26	4	166	655	116	400	282	1055
Planning and social statistics	41		18		3		12		74	340		500	74	840
Emergency	90	28338		720		4345		7492	90	1000	40895	65324	40985	66324
GRAND TOTAL	1630	28580	254	832	659	4345	517	7496	3060	3850 b/	41253	67824 c/	44313	71674

GR = General resources.
FSF = Funded supplementary funding.
SF = Supplementary funding, funded and unfunded.

a/ Actual expenditure includes expenditure recorded as of 17 December 1992.

b/ Including $1,000,000 from emergency reserve funds.

c/ Of this amount, $2,020,000 remains unfunded.

TABLE 3. PLANNED EXPENDITURE, 1993 – 1994

(In thousands of United States dollars)

Country: IRAQ **Period covered: 1993 – 1994**	**Funding status**	**1993**	**1994**	**Total**
Health	GR	875	1045	1920
	NSF	3000	3000	6000
Nutrition	GR	50	60	110
	NSF	300	450	750
Water supply and sanitation	GR	250	150	400
	NSF	950	1500	2450
Education	GR	400	300	700
	NSF	925	1450	2375
Young child development	GR	75	75	150
	NSF	750	500	1250
Advocacy and communication	GR	250	250	500
	NSF	75	100	175
Planning and social statistics	GR	100	120	220
TOTAL	GR	2000	2000	4000
	NSF	6000	7000	13000
GRAND TOTAL		8000	9000	17000

GR = General resources.
NSF = New supplementary funding.

TABLE 4. LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

IRAQ

PROGRAMME SECTION/AREAS AND FUNDING SOURCES	PROGRAMME BUDGET, 1993–1994 (In thousands of US dollars)				POSTS a/ and b/ EXISTING POSTS						SUBTOTAL			TOTAL POSTS	STAFF COSTS c/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS		IP	LOCAL	TOTAL
GENERAL RESOURCES																	
Health	1920			1920					1		1		1	2	222	40	262
Nutrition	110			110													
Water supply and sanitation	400			400													
Education	700			700				1			1				243		
Young child development	150			150													
Advocacy and communication	500			500													
Planning and social statistics	220			220								1	4	5		150	150
TOTAL GR	4000			4000				1	1		2	1	5	8	465	190	655
SUPPLEMENTARY FUNDING																	
Health			6000	6000				1			1			1	243		
Nutrition			750	750									2	2		60	
Water supply and sanitation			2450	2450													
Education			2375	2375													
Young child development			1250	1250													
Advocacy and communication			175	175													
TOTAL SF			13000	13000				1			1		2	3	243	60	303
TOTAL GR & SF				17000				2	1		3	1	7	11	708	250	958
ADM. AND PROGRAMME SUPPORT BUDGET (Proposed, 1994–1995)	**Operating costs**			1055													
	Staffing b/						1		1		2	2	7	11	615	1157	1772
GRAND TOTAL (GR + SF + ADM)							1	2	2		5	3	14	22			
	Number of posts and staff costs:																
	– At the beginning of previous programme (1990)														N/A	N/A	N/A
	– At the beginning of proposed programme (1993)										5	3	14	22	N/A	N/A	N/A
	– At the end of proposed programme (1994) **(Indicative only)**										5	3	14	22	N/A	N/A	N/A

a/ Each post, regardless of its funding source, supports the country programme as a whole.

b/ The posts are effective 1 January 1994.

c/ Project posts are funded for five years and core posts are funded for two years.

Abbreviations: GR = general resources; FSF = funded supplementary funding; NSF = new supplementary funding; SF = supplementary funding; IP = International Professional; NP = National Professional; GS = General Service; ADM = administrative.